

796

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Maricopa</u> State <u>Arizona</u>		State File No. <u>787</u> Registered No. <u>9</u>	
Township <u>Glendale</u> or Village _____				City <u>Glendale</u> No. <u>Northern Ave. Lat. 16</u> St. _____ Ward _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred <u>28</u> yrs. _____ mos. _____ ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>William Franklin Barnes</u>				(a) Residence: No. <u>Northern Ave. Lat. 16</u> St. _____ Ward _____			
(Usual place of abode)				(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>WIDOWED</u>		21. DATE OF DEATH (month, day, and year) <u>Jan. 16, 1933</u>	
5a. If married, widowed, or divorced				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____			
HUSBAND of <u>Sara F. Barnes</u>				I last saw h. <u>11a</u> alive on _____, 19____; death is said to have occurred on the date stated above, at <u>6:30 PM</u> m.			
6. DATE OF BIRTH (month, day, and year) <u>Feb. 17, 1863</u>				The principal cause of death and related causes of importance were as follows:			
7. AGE		Years <u>69</u> Months <u>10</u> Days <u>30</u>		It LESS than 1 day _____ hrs. or _____ min.		Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			<u>Self inflicted gun shot wound</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>						
	10. Date deceased last worked at this occupation (month, day, and year) <u>Jan. 1933</u>						
11. Total time (years) spent in this occupation _____		Other contributory causes of importance:					
12. BIRTHPLACE (city or town) <u>Nashville</u> (State or country) <u>Tenn.</u>				Name of operation _____ Date of _____			
MOTHER	13. NAME <u>William F. Barnes</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____			
	14. BIRTHPLACE (city or town) <u>Tenn.</u> (State or country)			23. If death was due to external causes (violence) fill in also the following: <u>Suicide</u> Date of injury <u>Jan 16 1933</u>			
	15. MAIDEN NAME <u>Fanny Sauls</u>			Where did injury occur? <u>Glendale Ariz.</u> (Specify city or town, county and State)			
16. BIRTHPLACE (city or town) <u>Tenn.</u> (State or country)			Specify whether injury occurred in industry, in home, or in public place. <u>at Home</u>				
17. INFORMANT <u>William Kyle Barnes</u> (Address) <u>Glendale, Arizona</u>				Manner of injury <u>gun shot wound</u>			
18. BURIAL, <u>Glendale, Ariz.</u> Place <u>Glendale, Ariz.</u> Date <u>Jan. 19, 1933</u>				Nature of injury _____			
19. UNDERTAKER <u>J. S. Brazill</u> (Address) <u>Glendale, Ariz.</u>				24. Was disease or injury in any way related to occupation of deceased? _____			
20. <u>Jan. 16 1933</u>				If so, specify _____ (Signed) <u>J. M. Pearson</u> M. D.			

MARGIN RESERVED FOR BINDING  
B.—WRITE PENCIL ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.